



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2017 BILLY O'DONNELL BASKETBALL CAMP SPRING BREAK EDITION | MARCH 27-31



The Billy O'Donnell Basketball Camp Spring Break Edition will offer youth in grades 3-8 an opportunity to learn the sport of basketball, gain leadership skills and continue to develop important character traits that align with the Y's core values: caring, honesty, respect and responsibility.

SCHEDULE

- 7:30-9 a.m. Arrivals and Pre-Camp
- 9 a.m. to 2 p.m. Basketball Camp
- 2-6 p.m. Departures
- 2-3:30 p.m. Swimming
- 3:30-6 p.m. Open Gym and Structured Time

REGISTRATION

Register online at <https://register.brriallymca.org> (use program code BBCSP) or submit the below form to the Guest Services Desk.

CAMP FEE: \$100 member \$150 non-member
Includes lunch (Please bring water bottle.)
Call 630.858.0100 ext. 276 to inquire about scholarships.

ABOUT BILLY O'DONNELL

This camp was founded to honor the memory of Billy O'Donnell, his love of sports and his passion for coaching youth basketball at the B.R. Ryall YMCA.

Billy graduated from Glenbard West High School, where he was a member of the football and lacrosse teams. He went onto play lacrosse at the University of Kentucky. A successful athlete, Billy treasured nothing more than the coaching plaque he received from the Y. When Billy passed away in 2015, his family requested that donations be made to the B.R. Ryall YMCA to fund scholarships for youth basketball.

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Participant Name _____ Date of Birth _____ Gender _____
 Address _____ City, State ZIP _____
 Parent/Guardian 1 _____ Parent/Guardian 2 _____
 Phone 1 _____ Phone 2 _____ Email _____
 Emergency Contact _____ Relationship _____ Phone _____
 Authorized Pickup _____ Relationship _____ Phone _____

Please list any allergies or medical restrictions. _____

PAYMENT: Check enclosed (payable to B.R. Ryall YMCA) **OR** Credit card: Visa Mastercard AMEX Discover
 Card # _____ EXP. _____ Signature _____

HOLD HARMLESS AGREEMENT/PHOTO RELEASE: I, hereby, certify that _____ is in normal health and capable of participating in this program. I understand that the goals of the Y are based upon having our core values: Caring, Honesty, Respect and Responsibility. Furthermore, by my signature, and of my free will, I do hereby agree to indemnify and hold harmless the B.R. Ryall YMCA of Northwestern DuPage County from any and all claims or demands, cost or expense arising out of any injuries or damage sustained by me or any party I am responsible to or for. I hereby allow the YMCA to take pictures (still or video) of myself and/or my children and grant permission for these images to be used in YMCA publications, presentations, publicity or promotions, without compensation to me or my behalf. If I choose not to be photographed, videotaped or in other recorded media, it is my responsibility to inform the photographer and/or remove myself from the picture.

Parent/Guardian Signature _____ Date _____